

**IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
OF THE STATE OF FLORIDA, IN AND FOR \_\_\_\_\_ COUNTY,  
JUVENILE DIVISION**

**IN THE INTEREST OF:**

**CASE NO:**

**UCN NO:**

**DIVISION:**

**MINOR CHILD(REN)**

\_\_\_\_\_/

**GUARDIAN AD LITEM REPORT TO THE COURT**

Guardian ad Litem:

Type of Hearing: **Judicial Review**

Date of Hearing:

Time of Hearing:

Date of Report:

**I. RECOMMENDATIONS**

A. The Guardian ad Litem respectfully makes the following recommendations:

1. **Placement:**
2. **Visitation:**
3. **Services Needed for Child:**

B. The Guardian ad Litem respectfully requests that the Court consider the following:

1. **The Child's Wishes:**

**II. COMPLIANCE WITH THE CASE PLAN**

A. Case Plan approved by court on \_\_\_\_\_ Or  
Case Plan has not been approved by Court (Parents voluntarily working on CP).

B. **Mother's Compliance** (name)

- 1.

C. **Father's Compliance** (name, father of)

- 1.

D. **DCF's Compliance with Court ordered tasks**

1.

E. **Compliance with Visitation**

1. The mother
2. The father

III. **GUARDIAN AD LITEM INVOLVEMENT**

- A. **Date GAL appointed:**
- B. **The children were seen:**
- C. **Contact with Parents**
  1. Mother:
  2. Father:
- D. **Persons Contacted**
  - 1.

IV. **HISTORY OF THE CASE**

- A. **Total Time Children in Care:**
- B. **Date of Shelter:**
- C. **Summary of Placements:**
- D. **Adjudication:**

**Respectfully Submitted,**

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Guardian ad Litem  
Guardian ad Litem Program

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Case Coordinator  
Guardian ad Litem Program

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Program Attorney  
Guardian ad Litem Program

**CERTIFICATE OF SERVICE**

**I HEREBY CERTIFY** that a true and correct copy of the foregoing has been furnished by U.S. Mail /facsimile/hand delivery this \*\* day of \*\*\*, 2004, to:

By:\_\_\_\_\_

Program Attorney  
Guardian ad Litem Program